

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee

**A.**

Full Name (Last, First, Middle Initial)

Thomas L. Ely, DO

Mailing Address PO Box 31629

City

Clarksville

State

TN

Zip Code

37040-0028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Premier Medical Group

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 31382028

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Carol L. Monson, DO, MSCMH

Mailing Address 6348 Timber View Dr

City

East Lansing

State

MI

Zip Code

48823-9320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MSUCOM

Occupation

Professor & Acting Chairperson, Dept of

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 31382036

Amount of Each Receipt this Period

850.00

**C.**

Full Name (Last, First, Middle Initial)

James E. Zini, DO

Mailing Address PO Box 1160  
1816 E Main St

City

Mountain View

State

AR

Zip Code

72560-1160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 31382040

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....